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FEC

Only

STATEMENT OF **ORGANIZATION**

OF THE SENATE

FORM 1 (See instructions) NAME OF (Check if name Example: If typying, type 12FĘ4M5 **COMMITTEE** (in full) is changed) over the lines Віце Неп РАС ADDRESS (number and street) (Check if address is changed) CITY ZIP CODE STATE _ COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) zamore@capcompliance.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) ငာ T DATE دن **FEC IDENTIFICATION NUMBER** C IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete Judith Zamore Type or Print Name of Treasurer Judith Zam Electronical Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS Office For further information contact: **FEC FORM 1** Use **Federal Election Commission**

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